

First

FULL NAME

OF PERSON BEING RATED

For office use only	Rating	Days in	_
ID#	Period #	interval:	

Mo.____ Day____Year___

BRIEF PROBLEM MONITOR FOR AGES 18-59 (BPM/18-59) PERSON'S PERSON'S BIRTHDATE (if known)
AGE Middle Last PERSON'S GENDER

DIEVOE	~~~	DI ETE TIUO CODIA DV	THE FORM FULL FRANCES	/-	<u>'</u>	
		PLETE THIS FORM BY:	THIS FORM FILLED OUT BY		Your relation to person being rated:	
Mo DayYear (print your name)					☐ Self	
TODAY'S	DAT	E:			Other (specify):	
Mo	_ Da	yYear				
rating you	wha ap	elf) now or within t at true. If the item is ply to the person b	he last days. Ple not true, circle the 0. Ple eing rated (or to yourse	ease circle the ease rate all i elf, if rating yo		
	0	= Not True (as far a	s you know)	1 = Somewhat		
0 1	2	Can't concent	rate, can't pay attention fo	or long	Comments	
0 1	2	2. Feels worthles	s or inferior	-		
0 1	2	3. Impulsive or a	3. Impulsive or acts without thinking			
0 1	2	4. Lacks self-con	1. Lacks self-confidence			
0 1	2	5. Not liked by ot	5. Not liked by others			
0 1	2	6. Trouble planni	ng for the future	_		
0 1	2	7. Fails to finish t	things that should be done	e		
0 1	2	8. Poor work per	formance			
0 1	2	9. Trouble setting	priorities			
0 1	2	10. Trouble making or keeping friends				
0 1	2 11. Very changeable behavior					
0 1	2	2 12. Trouble making decisions				
0 1	2	13. Hot temper		_		
0 1	2	14. Threatens to h	urt people	_		
0 1	2	15. Unhappy, sad,	or depressed	_		
0 1	2	16. Feels they car	n't succeed	_		
0 1	2	17. Gets upset too	easily	_		
0 1	2	18. Too impatient		-		
		Additional items				
0 1						
0 1	2					
0 1	2					
			IINAII		Please be sure you answered all items.	

